

<b>United States Bankruptcy Court</b> <b>District of Idaho</b> Complete this form and mail to: U.S. Bankruptcy Court 550 W. Fort St. Boise, ID 83724		<b>AMENDED PROOF OF CLAIM</b> U.S. COURTS 00 JUL 26 PM 3:45 PUBLIC SPACE FOR COURT USE ONLY REC'D FILED CAMERON S. BURKE CLERK IDAHO
<b>Name of Debtor:</b> COMMUNITY HOME HEALTH INC.		<b>Case Number:</b> 98-02141
<b>Chapter:</b> 7 <b>Trustee:</b> Bernie Rakozy Proof of claim form and all supporting documents must be filed in <b>DUPLICATE</b> in Chapter 12 and 13 cases.		
<b>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to U.S.C. §503</b>		
<b>Name of Creditor</b> (The person or other entity to whom the debtor owes money or property): Susana Maria Alvarado <i>maria Susana Alvarado</i> 6054 Dorian Ct. 4902 AIRBORNE St. Boise, ID 83709 83705 344-1771		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope.
Account or other number by which identifies debtor:		Check here if this claim: <input type="checkbox"/> Replaces <input checked="" type="checkbox"/> Amends a previously filed claim Dated: 7/29/98
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods Sold <input checked="" type="checkbox"/> Services Performed <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury/Wrongful Death <input type="checkbox"/> Taxes <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Other (please describe): <input checked="" type="checkbox"/> Wages, Salaries and compensation: Your Social Security Number: 533-64-1566 <input checked="" type="checkbox"/> Unpaid Compensation for Services performed from June 1, 1998 (date) to June 25, 1998 (date)		
<b>2. Date debt was incurred:</b>		<b>3. If court Judgment, date obtained:</b>
<b>4. SECURED CLAIM</b> <input type="checkbox"/> Check box if your claim is secured by collateral <input type="checkbox"/> (including a right of setoff) <b>Brief Description of Collateral:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time the case was filed included in secured claim, if any: \$ _____		<b>5. UNSECURED PRIORITY CLAIM</b> <input checked="" type="checkbox"/> Check box if you have an unsecured priority claim Amount entitled to priority \$1,440.00 <b>SPECIFY PRIORITY OF CLAIM:</b> <input checked="" type="checkbox"/> Wages, Salaries, or commissions (up to \$4000)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. <input type="checkbox"/> (11 U.S.C. § 507(a)(3)) <input type="checkbox"/> Contributions to an employee benefit plan (11 U.S.C. § 507(a)(4)) <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family or household use (11 U.S.C. § 507(a)(6)) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse or child <input type="checkbox"/> 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units (11 U.S.C. § 507(a)(8)) <input type="checkbox"/> Other - Specify applicable paragraph of (11 U.S.C. § 507(a)( ) ) *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
<b>6. TOTAL AMOUNT OF CLAIM AT TIME CASE WAS FILED</b> UNSECURED \$ _____ SECURED \$ _____ PRIORITY \$1,440.00 TOTAL \$1,440.00 <input type="checkbox"/> Check box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.		
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
<b>8. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If documents are not available, please explain. If the documents are voluminous, attach a summary.		
<b>9. Date Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
DATE 7/17/2000	Sign and print the name and title, if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <i>maria Susana Alvarado</i> MARIA SUSANA ALVARADO	
Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. § 152 and § 3571		

*amends #84*

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